Public Health

CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President
San Francisco

DR. JAMES F. RINEHART, Vice President
San Francisco

DR. ELMER BELT
Los Angeles

DR. HARRY E. HENDERSON
Santa Barbara

DR. SANFORD M. MOOSE
San Francisco

DR. ERROL R. KING
Riverside

DR. SAMUEL J. McCLENDON
San Diego

DR. WILTON L. HALVERSON,
Executive Officer
San Francisco

VOLUME 11, NUMBER 12 DECEMBER 31, 1953

ANN WILSON HAYNES, Editor
ALTON E. WILSON, Associate Editor

Rehabilitation — Our Community's Challenge

LESTER BRESLOW, M.D., M.P.H., Chief, Bureau of Chronic Diseases
California State Department of Public Health

These remarks by Dr. Breslow, which constitute the summation of a one-day institute on REHABILITATION—OUR COMMUNITY'S CHALLENGE held September 29, 1953, sponsored by the Chronic Illness Service Center and the Health Council of the Community Chest of San Francisco, are not to be interpreted as the opinions of the summarizer or to necessarily reflect the opinions of the department. The program included an address by Andrew Marrin, Chief, Bureau of Vocational Rehabilitation, California Department of Education, an evaluation conference by a panel of experts on rehabilitation problems, and 11 workshops, each of which considered three typical rehabilitation problem cases.

At present we are entering what may be called the third phase of rehabilitation in this country. This is rehabilitation for *living*, and not solely for physical restoration and employment. As defined for this institute, "Rehabilitation is a program designed to enable the individual who is physically disabled, chronically ill, or convalescing, to live and to work to the utmost of his capacity." This means that an individual should be enabled to live to the utmost of his capacity, even though he may not be able to work. Thus, in the present view, rehabilitation has a triple goal: it is training and placement in employment; it is physical restoration for employment; it is rehabilitation for all purposes of life.

To accomplish these goals is primarily the job of the patient and his family. Perhaps least of all, it is the job of the professional. The family's role in rehabilitation, which deserves emphasis in any consideration of the subject, was brought out repeatedly during the discussion. It would not be too much to say that the family's job in rehabilitation was the outstanding feature of the day's discussion.

Rehabilitation consists of many, many things, each small in itself, but in the aggregate requiring much specialized personnel. Rehabilitation means getting dentures for the home-bound person; it means determining how high the step must be for the patient to reach; it means getting the nurse to understand not to tuck the bed sheets in so tightly so that the toes get deformed, etc. Cases often require many months, perhaps even years, of the most complicated kind of medical services. There is no *cheap* and *easy* way to accomplish rehabilitation.

PUBLIC PROGRAMS INADEQUATE

The woeful inadequacy of our present public programs in rehabilitation was noted over and over in the discussion. For example, the statutory limitations of the Aid to Needy Children program may encourage a mother of young children to go out to work, when, in fact, a greater social good may be realized if she is able to remain at home with her family.

Emphasis on minimizing public assistance can be carried too far. California, one of the very few states that do not participate in the federal-state program of aid to the permanently and totally disabled, is thus denying its citizens participation in the fourth category of public assistance. Aid for permanent and total disability, if it were available, would figure frequently and significantly in rehabilitation cases. Financial support for patients and families during rehabilitation is a fundamental aspect of the job.

We cannot expect to build on the quicksand of inadequate public aid! Moreover, rehabilitation services are themselves spotty in their coverage. It has been said that to have poliomyelitis, cerebral palsy or rheumatic fever is a fortunate circumstances because there are special programs for these diseases.

For the mentally retarded on the other hand, and for a variety of other conditions, rehabilitation services are meager or lacking entirely. Even where programs do exist, limitations regarding eligibility and feasibility frequently prevent comprehensive coverage of rehabilitation needs.

HOSPITALS LACK FACILITIES

With respect to institutional care, it was noted repeatedly that hospitals, generally speaking, are lacking in services and facilities for rehabilitation. The Laguna Honda Home of San Francisco was cited as a critical example of lack of development of proper rehabilitation services in a public hospital, due to lack of adequate financing. Certain private agencies are fulfilling their traditional role of pointing the way for public agencies, as in the employment of a physical therapist by the Arthritis and Rheumatism Foundation, the addition of a vocational counsellor to the staff of the San Francisco Heart Association. The Garden Hospital of San Francisco has recently undergone a revolution in its philosophy and is now emphasizing rehabilitation services with the purpose of getting patients back on their feet rather than accepting the belief that patients must spend the remainder of their lives in bed.

The modern approaches to rehabilitation are costly, however, and where the patient is unable to pay for needed services, then the money must be found elsewhere. This is a problem for the whole community.

HOME CARE REQUIREMENTS

Much emphasis has been placed on home care. An adequate home care program is not easy of accomplishment. It depends first of all on the obviously simple need for a home. This may frequently have to be a substitute home, such as a boarding or foster home, but it is essential that a patient, in leaving an institution, must have some place to go. The essential requirements of a home care program include as a minimum the following: (1) a complete array of services, so that each individual case may have access to all of the special services needed; (2) continuity of care between institutional services of all types and the home care; (3) acceptance of over-all responsibility for the home care program by one agency so as to provide direction of the program and coordination of all services involved.

EMPLOYMENT

Work should properly be included in the full life desired for rehabilitated persons, despite the difficulties which beset the development of employment opportunities. Obstacles include differential insurance premium rates, compensation benefits, outmoded ideas concerning the efficiency and competency of rehabilitated persons, as well as many other factors. Nevertheless, it is a challenge for the business community, for professional rehabilitation workers, and for citizens interested in the goals of rehabilitation to develop work opportunities for rehabilitated persons either through regular employment channels or in sheltered workshops.

COORDINATION AND INTEGRATION

The need for closer coordination and better integration of existing services comes forcibly to the attention whenever the subject of rehabilitation is discussed. Meetings and institutes which bring together representatives of all the disciplines involved, together with interested lay persons, help to meet this need in part. They also serve to promote a clearer understanding of existing services and of what is lacking. Through such enhanced understanding may come the first steps toward a solution of problems and the attainment of our newer goals.

Survey of Rural Health Problems Completed in Trinity

The State Department of Public Health has completed a survey of the public health problems and needs of Trinity County. This survey was made at the request of the Trinity County Board of Supervisors which is interested in developing realistic public health services for this small rural county.

The department recognizes the possibility that the actual health and sanitation problems of the sparsely settled small rural counties of the State may be enough different from those found in the more heavily populated and urbanized areas that the conventional local public health programs of these latter areas may not be adapted to meeting the real needs of the small relatively isolated rural counties.

It is anticipated that the Trinity County survey will be the first of a number of similar studies to be made in typical rural counties in California and that practical and realistic programs may be developed as a result of these studies which will provide local services of a kind and amount which will be both adequate and efficient in providing the public health protection these areas actually need to meet their specific problems.

In present-day America nutrition is the single most important enviromental factor affecting health. —*Annual Review of Medicine, 1950.*

New Method for Water Examinations Tested by Sanitation Laboratory

The sanitation laboratory of the State Department of Public Health recently completed a collaborative investigation of the new molecular filter membrane technique for the bacteriological examination of water. This technique is not applicable to the testing of all kinds of water, but with a suitable water sample it has the advantage of shortening by a fourth to a half the time required for examination by the present standard method.

As a result of careful review of the data obtained, the new procedure will be included as a tentative method in the bacteriological section of the forthcoming tenth edition of *Standard Methods for the Examination of Water, Sewage, and Industrial Wastes,* published by the American Public Health Association.

The chemical section of this edition will also reflect contributions from the staff of the Los Angeles branch laboratory and the sanitation laboratory.

The investigation of the molecular filter membrane technique was carried out under the joint auspices of the American Water Works Association, the Environmental Health Center of the Public Health Service, and the American Public Health Association.

The sanitation laboratory services of several other state health departments and one city health department participated in the project. The work involved an extensive and critical study of the results of water examinations by the molecular filter membrane method as compared with the results obtained simultaneously by the present standard fermentation tube test.

Clinical Lab Technicians Licensed

Two hundred sixty-seven clinical laboratory technicians and two clinical laboratory technologists passed the semiannual licensing examinations given in November by the Division of Laboratories of the State Department of Public Health. The total licensed in 1953 is 539 technicians, technologists, and specialists. Thirty-seven public health bacteriologists were certified by the department. During 1952, 455 technicians, technologists, and specialists were licensed, and 35 public health bacteriologists certified.

The numbers for each year show a considerable increase over previous years, but there is still a great demand for laboratory technicians and public health bacteriologists. The number of laboratories in the State has increased, as well as the demand for laboratory services. Advances in medical science require greater reliance on laboratory tests and multiply the number of tests.

Conference on Industrial Health Held December 3-4 in Berkeley

On December 3 and 4, 1953, approximately 95 safety engineers, industrial nurses, sanitarians, industrial physicians, and others interested, attended an Occupational Health Conference in Berkeley which was sponsored by the California State Department of Public Health, Bureau of Adult Health, and the American Society of Safety Engineers.

The purpose of the conference was to bring those responsible for the health and safety of the employees in industry together with people from governmental agencies with responsibility in the field in order to share information on occupational health problems; to discuss methods of recognizing, evaluating and processing problems; in order to develop better relationships and methods dealing with occupational health problems in California.

The program included prominent speakers from the University of California, Stanford University Medical School, Public Health Service, California State Division of Industrial Safety, and the California State Department of Public Health.

Current problems in occupational health brought out in small discussion groups, was followed by panel and individual treatment of pertinent problems by professional workers in the field.

Many expressions of satisfaction with the practical insights obtained through this conference have been received, together with suggestions for additional conferences on specific occupational health problems which are of interest to a number of industries throughout the State.

Industrial nurses indicated that they were pleased with the breadth of the program.

Safety engineers stated that the preventive aspects of occupational health and not safety as such was a new concept to them. They expressed interest in the use the industrial nurse could make of community agencies for the care of the industrial employee and particularly his family.

Water Publications

The following new publications are available from the State Department of Public Health:

Sanitation Guide for Small Water Systems. Standards, developed at the request of the California Conference of Local Health Officers, are intended to apply to small public water systems as a guide in the issuance of water supply permits.

Regulations Relating to Bottled Water. These new regulations, adopted by the State Board of Public Health and added to the public health section of the California Administrative Code, relate to quality of water used in bottling, to bottling plant sanitation, and to bottling operation and labeling.

Regulations Relating to Cross Connections. This excerpt from the California Administrative Code includes recent changes added to the regulations by the State Board of Public Health.

Poliomyelitis in California Shows Sharp Decline

At present the number of poliomyelitis cases reported weekly is declining sharply, only 97 cases having been reported for the week ending December 5th. The seasonal peak was reached in the week ending September 19th, when 199 cases were reported. This is more than a month earlier than the peak week in 1952 and a week earlier than the five-year median.

The estimated annual incidence for the calendar year 1953 is 4,200 cases—a rate of 40 per 100,000 population. The annual incidence of poliomyelitis in this State has remained at a relatively high level ever since the epidemic of 1948-49. Prior to that time, a year with less than 1,000 cases was not at all unusual.

Year	*Cases*
1953*	4,200
1952	4,047
1951	3,228
1950	2,213
1949	2,740
1948	5,782

* Provisional.

Since the epidemic of 1948-1949, there has been a consistent increase in the number of mild, nonparalytic cases reported and a corresponding decrease in the percentage of total cases reported which have muscular weakness or paralysis. The most significant feature of the present year is the relatively lower percentage of cases showing muscular weakness or paralysis.

POLIOMYELITIS—APRIL-DECEMBER 5TH

	1953	*1952*	*1951*	*1948*
Total	3,344	3,336	2,704	5,357
Paralytic	1,792	2,117	1,902	3,879
Percent paralytic	53	63	70	72

Poliomyelitis cases have been reported this year from all but four counties of the State. There were five counties with only one case each. In general, cases have been concentrated in the population centers although there have been sharp localized outbreaks in less densely populated communities.

In spite of the high level of reported incidence this year, no county in California met the federal criteria for mass immunization with gamma globulin.

Gamma globulin for poliomyelitis has been allocated to all local health departments on the basis of five years mean reported cases in each jurisdiction. Criteria for distribution by the local health departments established by the State Department of Public Health were adhered to with few exceptions by the local jurisdictions.

A 10 percent state reserve was kept by the department to be issued for handling special situations where cases occurred in groups living as a household, such as fraternity houses, summer camps, nursery schools, etc. Thirty such situations occurred in 17 health jurisdictions. Most of these situations involved the use of more gamma globulin than could have been handled from the basic allotment sent to the local health department.

Records received by the department from local health departments covering the period from May 25th, when the program began, through the week ending December 5th, show that gamma globulin has been administered to 9,479 contacts of 2,860 cases. This required a total of 112,930 cc. of gamma globulin.

The Bureau of Acute Communicable Diseases of the State Department of Public Health is collaborating with the National Evaluation Center of the Public Health Service in a special study for the evaluation of the effectiveness of the use of gamma globulin. For this purpose data have been collected on all multiple case households in selected areas of the State. Records received between June and November 28th show that multiple cases have occurred in 99 households in California. Ninety-two of these had two cases in the household and seven had three cases.

Department Assists Navy in Study at Sierra Cold Weather Station

Sanitary engineers, vector control specialists, and laboratory staff of the State Department of Public Health have been serving as consultants to the Navy on a research project being conducted by the Marine Cold Weather Battalion near their headquarters at Bridgeport. In a study area at Pickles Meadows on the eastern slopes of the Sierra Nevada range, the effects of human waste disposal under low temperatures conditions are being measured.

Results of this study will be of great importance in judging the public health hazards that are created by the recreational use of all the watersheds in the State. Sanitation problems in recreational areas are becoming increasingly important as more and more people are using the presently accessible areas and more areas are becoming accessible.

The State Department of Public Health plans to supplement the Navy project by special studies next spring, including sanitary surveys, stream flow measurements, laboratory studies, rodent surveys, and a review of vector control problems.

Accidents have been consistently the leading cause of death among school age children for over 20 years.

Hospital Licensing Standards Revised for Hospitals

After conferring with all interested organizations in the State, the Bureau of Hospitals of the State Department of Public Health and the Hospital Advisory Board have completed work begun in October on proposed revisions of the hospital licensing standards contained in Title 17 of the California Administrative Code. The revision was made necessary by the creation of the new State Building Standards Commission. This commission will develop the State Building Standards Code, a portion of which will relate to structural standards for hospitals.

The present hospital licensing standards contain both structural and operational requirements. The revision was undertaken by the department and the advisory board to assist the Building Standards Commission by separating the two types of requirements. The commission has a statutory time limitation under which it must complete the new Building Standards Code and which would make it very difficult for them to be able to do the detailed work necessary to extract the structural standards from the operational.

Following a tentative separation of the two kinds of standards by the departmental staff, the Hospital Advisory Board met on October 8th and established the tentative organization of material to be included in the revised regulations. Members of the Council on Planning and Plant Operation and of the Council on Administrative Practices of the California Hospital Association participated in this meeting.

Based on the recommendations that came out of this meeting, copies of the proposed regulations were prepared and sent throughout the State to medical, hospital, architectural, and engineering organizations, to all county governments, and all state agencies which will be concerned with the activity of the State Building Standards Commission. Copies were also distributed to all hospitals represented at the California Hospital Association convention in Santa Barbara, October 29th and 30th, and copies were mailed to hospitals that were not represented there. The California Hospital Association also distributed a questionnaire requesting specific comment from hospitals on the content of the proposed regulations.

After receiving the responses to these questionnaires and meeting in committees with engineering organizations and the Council of Architects, the Hospital Advisory Board conducted public hearings on the proposed regulations in Los Angeles November 24, and in San Francisco, December 2 and 3, 1953.

Advertising of the proposed revisions began December 9, 1953, with final public hearings by the State Board of Public Health scheduled for January 8, 1954.

Federal Fund Reduction Sharply Cuts Mental Health Services

The Mental Health Service of the State Department of Public Health will be forced to discontinue an important part of its program because of the reduction of federal funds which directly supported the service. On January 1, 1954, the work of the mental health consultant will cease. The work of the chief of the service will continue and the mental health nursing consultant in public health will divide her time between the Mental Health Service and the Bureau of Public Health Nursing.

The mental health consultant, who is a psychiatric social worker trained in working with community groups, has been carrying on educational programs in communities which have been seeking psychiatric clinical services and have been unable, for various reasons, to get them. Through this consultant's work with citizens of these communities and with such local professional people as health officers, nurses, social workers, and probation officers, they have come to realize that there is much they can do to promote mental health besides securing clinic facilities. The mental health consultant has also been developing teaching groups in various counties for the purpose of helping local people to better use the expensive services of a psychiatric clinic when they do become available.

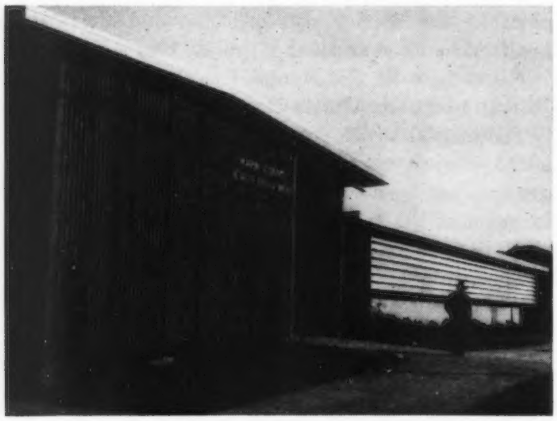
This sort of educational guidance has been given to various groups in the following counties: Los Angeles, Ventura, Santa Barbara, Kern, Tulare, Monterey, San Joaquin, Santa Cruz, San Mateo, Alameda, Contra Costa, Marin, Humboldt, Del Norte, San Luis Obispo, and Trinity; and the following cities: Los Angeles, San Francisco, Oakland, Richmond, and Berkeley.

With the loss of the services of the mental health consultant, current programs in the counties of Humboldt, Del Norte, San Luis Obispo, and Santa Barbara will have to be dropped, and requests for new programs in Monterey and Tulare counties have been refused. A request for a joint teaching program with group workers of the Youth Authority has also had to be denied.

A pioneering technique of smashing viruses in the electron microscope and photographing the minute debris, giving scientists further insight into elementary growth and reproduction, has been perfected in the virus laboratory at the Berkeley campus of the University of California.—*U. C. Clipsheet.*

Marin County Health Department

The Marin County Health Department recently moved into its new health center at 920 Grand Avenue, San Rafael. The health center was built under the California Hospital and Survey Construction Program at a total cost of approximately $165,200, of which $107,600 was from state and federal funds and $57,600 from local funds.



The Marin County Health Department, directed by Clarice Haylett, M.D., Health Officer, serves a population estimated July 1, 1953, to be 107,500, which shows a sharp increase over the 1950 census figure of 85,619. The new building, with its 5,700 square feet of floor space, was designed so that expansion of either the clinical or administrative wing could be undertaken with almost no alteration of the present basic building unit.

Two features new to the department are the public health laboratory and an all-purpose conference room. Laboratory services for the department were previously performed under contract.

Financial Eligibility Standards for Crippled Children Studied

Regional meetings are being held throughout the State to consider the administrative problems concerned with determination of financial eligibility for receiving the crippled children services provided for by state law. Seven meetings, covering all the counties of the State, are being conducted by the Social Service of the State Department of Public Health to assist the counties in this procedure by developing a guide for the purpose.

Need for such a guide was expressed in answers to a questionnaire sent county agencies as part of a study made by the department's Social Service of practices now current in the various counties for determining financial eligibility under this program.

Three of the scheduled meetings have already been held—one at Redding on December 1st, another at Sacramento December 3d, and the third at Ukiah on December 8th. Each of these regional meetings, covering about eight counties, has been attended by the health officers, the welfare directors, representatives of the boards of supervisors and of the crippled children's societies of the counties included in that region, and by private physicians who are especially interested in the program. The discussion has centered about the results of the study made by the Social Service and the consideration of methods, principles, and policies that might bring about greater uniformity throughout the State and greater ease and practicality of administration.

Impetus was given this activity by the review in the latter part of 1952 of the Crippled Children Service of the State Department of Public Health by the Interim Committee on Public Health of the California State Assembly and by the recommendation of the General Advisory Committee to the department on Crippled Children Services.

Remaining meetings to be held are those at Fresno, January 6; Riverside, January 12; Los Angeles, January 14; and Berkeley, January 19, 1954.

Johnny Goes to the Hospital

Most hospitals have to contend daily with fears of the small child and of his parents when he has to be hospitalized for the first time. To help prepare children and parents for this eventuality the Children's Medical Center of Boston had Josephine A. Sever, their public relations director, write a little book for the purpose. It is attractively illustrated by Mary Stevens and published by Houghton Mifflin. The title is "Johnny Goes to the Hospital."

The whole story of Johnny's stay at the hospital, including the less enjoyable aspects, is told in words simple enough for a child to read or to understand when it is read aloud to him. The general hospital experience described is applicable to almost any hospital in the country.

Copies are available from the Children's Medical Center, Public Relations Department, 300 Longwood Avenue, Boston 15, Massachusetts. Single copies are $1 each; on orders of six or more the price is 75 cents each, f.o.b. Boston.

Last year traffic accidents cost the Nation 38,000 dead and 1,350,000 injured—and Americans lost $3,750,000,000 in wages, overhead insurance costs, motor vehicle damage and medical expense.—*National Safety Council.*

Public Health Positions

Contra Costa County

Assistant Health Officer. Salary $777 to $933. Minimum qualifications, license to practice as a physician and surgeon in California, plus two years of administrative responsibility in public health. Successful completion of a master's degree in public health can be substituted for one year of the required experience. For further information write Contra Costa County Civil Service Commission, Box 710, Martinez.

Humboldt-Del Norte Counties

Public Health Nurse. One public health nursing vacancy exists on the staff of the Humboldt-Del Norte County Department of Public Health. Salary range, $297-$351, beginning at $332 for experienced nurses meeting California requirements for a public health nursing certificate. Car is provided and expenses paid for meals and lodging away from duty station. Apply to Miss Dorothy G. Teall, Director of Public Health Nursing, Humboldt-Del Norte Department of Public Health, Box 857, Eureka.

Kern County

Sanitarian. Salary $307 to $373. Applicants must possess California certificate of registration as a sanitarian. Application forms available from Personnel Department, 3805 Chester Avenue, Bakersfield.

Placer County

Director of Public Health. This position is in a full-time county health department with a staff of 12. This includes an approved laboratory. Placer County is in the Sierra foothills of Central California, with a population of 45,000. Salary, $10,000 plus travel expenses. Applicants must be qualified M.D., with public health training preferred. For further information write Placer County Health Department, 360 Elm Street, Auburn.

San Diego County

X-ray Technician (TB Control). Permanent opening in health department. Salary, $269-$327. Requirements: Age 20-54, one year of X-ray experience under radiologist's supervision or two years in tuberculosis control service program. Personal interview before employment required. For this and following positions write San Diego County Civil Service, Civic Center, San Diego.

Dentist. Must have California license. Permanent health department position. Salary $532-$587.

Dental Hygienist. Must have California license. Permanent health department position in preventive dental program, cooperating with local dentists, public health staff and nurses in communities and schools. Salary, $327-$360.

U. S.-Mexico Border Public Health Ass'n Plans Spring Meeting

Plans are going forward for the 1954 meeting of the United States-Mexico Border Public Health Association, to be held this year in Albuquerque, New Mexico, on April 7th, 8th and 9th. Many Californians in public health and related work are members of this association and participate in the annual meetings which alternate between the United States and Mexico. Through its bilateral approach, the Border Public Health Association has contributed immeasureably to the solution not only of problems associated with the common frontier, but also of broader international significance.

Richard F. Poston, Engineer, U. S. Public Health Service, San Francisco, is the 1953-54 president, and Dr. Sidney B. Clark, 314 U. S. Courthouse, El Paso, is secretary. The office of president alternates between the United States and Mexico. Dr. Wilton L. Halverson, California State Director of Public Health, served as president for the year 1951-52.

Fifty Emergency Chlorine Units Provided by State OCD

Fifty complete water purifying units, each capable of providing chlorinating facilities to supply basic water needs of major cities in time of emergency have been delivered to the Sacramento and Pomona warehouses of the State Office of Civil Defense.

The units, purchased entirely from state funds, will be turned over to full-time city and county health departments in target, support and potential evacuation areas, following training programs for local health department personnel in the use of the equipment. Training will be conducted jointly by the State Office of Civil Defense and the State Department of Public Health. These local health departments will be responsible for their maintenance and ready accessibility in case of emergency.

The chlorinating units assure provision for safe supplies of water for human consumption not only in the event of any enemy attack, but can also be used after any major natural disaster in California. Contamination of water supplies invariably results from floods, earthquakes and similar large-scale catastrophes.

Each of the purifying units consists of a power-driven hypochlorinator. The unit will work off an electric source of power, but is also provided with a gasoline-powered generator for use when electric power sources fail. The unit has a heavy-duty chlorine injection pump, hoses, mixing barrels and chlorine powder. An additional water-powered hypochlorinator will be included with those units to be assigned near major metropolitan target areas.

Auxiliary to the chlorinating unit is a separate 1,000-watt gasoline generator designed for use in lighting the area in which chlorinating is taking place. However, according to priority needs, this generator could be used for lighting first aid stations or for any other emergency use. Each unit will also include black light equipment for checking sewage or rodent contamination.

The teens are the healthiest years of life. During those years the frequency of disabling disease and the time lost because of illness are at a minimum. Deaths from violence—chiefly accidents—constitute the major threat to teen-age life, according to data relating to 1952 derived from the experience among white industrial policy holders of the Metropolitan Life Insurance Company.

Review of Reported Communicable Diseases Morbidity—November, 1953

Diseases with Incidence Exceeding Five-year Median

Diseases	*Nov., 1953*	*Nov., 1952*	*Nov., 1951*	*5-Year Median*
Food poisoning	117	42	87	87
German measles	265	209	218	209
Hepatitis, infectious	113	144	41	34
Malaria	4	7	6	2
Measles	963	607	472	607
Meningitis, meningococcal	25	23	34	23
Poliomyelitis	411	704	406	406
Rabies, animal	15	5	1	5
Salmonella infections	45	23	39	27
Shigella infections	98	77	92	79
Streptococcal infections, respiratory, including scarlet fever	538	475	605	522

Diseases Below the Five-year Median

Diseases	*Nov., 1953*	*Nov., 1952*	*Nov., 1951*	*5-Year Median*
Amebiasis	24	56	43	39
Chickenpox	1568	1139	1784	1732
Coccidioidomycosis (disseminated)	4	5	4	6
Diphtheria	2	8	3	18
Influenza	25	66	28	38
Mumps	1814	1913	1297	1892
Pertussis	113	235	307	263
Tetanus	1	3	7	3
Typhoid fever	3	9	7	7

Venereal Diseases

Diseases	*Nov., 1953*	*Nov., 1952*	*Nov., 1951*	*5-Year Median*
Syphilis	445	530	672	936
Gonococcal infections	1162	1128	1346	1773
Chancroid	8	23	22	[1]
Granuloma inguinale	1	–	–	[1]
Lymphogranuloma venereum	4	5	2	[1]

[1] Median not calculated.

Fresno Crippled Children Services Now Administered Locally

Effective December 1st, Fresno County officially assumed responsibility for the administration of its crippled children services. The Fresno County Welfare Department is the administrative agency. This function was previously administered by the department's Bureau of Crippled Children Services, including review of each individual case, authorization for care and payment of bills.

The change in status for Fresno County is in line with the department's general philosophy that the administrative responsibility for crippled children services should be handled locally as soon as adequate local administrative facilities for processing crippled children services have been developed. The program is now administered locally in counties that comprise about 75 percent of the State's population, either by health or welfare agencies.

Small Community Refuse Practices Is Subject of Joint Report

"Refuse Collection and Disposal for the Small Community" is the title of a joint study and report just issued by the Public Health Service and the American Public Works Association. The authoritative information in this publication is presented to serve as a practical working guide to municipal officials concerned with securing for their communities a sanitary refuse collection and disposal system.

The report is prefaced by the statement that a practical refuse control program is within the means of any community, but that many small communities have not taken steps to "protect the health and welfare of their citizens from the hazards associated with the inadequate and insanitary storage, collection and disposal of refuse" largely on the belief that adequate service is too expensive. Another factor is the lack of information on how to establish and operate a satisfactory system.

The publication describes certain factors which need to be considered in establishing sanitary refuse practices, and presents operational and cost data which may be interpreted to meet local conditions. The report considers methods of storing refuse prior to collection, regulation of collection, and equipment and personnel needed. Disposal methods described in the report include sanitary landfill, incineration, garbage grinding, hog feeding, salvage and composting. Problems of financing, including the fee method, are also considered.

The significance of good refuse disposal practices to fly and rodent control is stressed. It is pointed out that proper refuse sanitation will do 90 percent of the job in fly control, and 65 percent in rodent control. Improper refuse practice is also blamed for many public nuisances caused by smoke, odors, and unsightliness.

Local health departments may obtain single copies of the report from the Office of Sanitary Engineering, Public Health Service, San Francisco Regional Office (Region IX), Room 441, Federal Office Building, San Francisco 2. Members of the American Public Works Association, may obtain copies for $1.20 and nonmembers for $2 directly from the APWA, 1313 East 60th Street, Chicago.

printed in CALIFORNIA STATE PRINTING OFFICE 95714-G 12-53 9,900

Documents Division
General Library
Univ. of Michigan
Ann Arbor, Mich.